

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known)

Chapter you are filing under:

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Crystal**

First name

**Sharnell**

Middle name

**Gibson**

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

**Crystal S. Gibson**  
**Crystal Gibson**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-6516**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**2953 Broad River Road  
Pomaria, SC 29126**

Number, Street, City, State & ZIP Code

**Newberry**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.  
☒ Yes.

District	<b>District of South Carolina</b>	When	<b>12/22/16</b>	Case number	<b>16-06459</b>
District	<b>District of South Carolina</b>	When	<b>2/03/15</b>	Case number	<b>15-00584</b>
District	<b>See Attachment</b>	When		Case number	

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No  
☐ Yes.

Debtor		Relationship to you	
District		Case number, if known	
Debtor		Relationship to you	
District		Case number, if known	

11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<b>16a.</b>	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	<b>16b.</b>	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	<b>16c.</b>	State the type of debts you owe that are not consumer debts or business debts <hr/>

  

<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>18. How many Creditors do you estimate that you owe?</b>	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Crystal Sharnell Gibson

**Crystal Sharnell Gibson**

Signature of Debtor 1

Signature of Debtor 2

Executed on **September 4, 2019**

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ JASON T. MOSS**

Signature of Attorney for Debtor

Date

**September 4, 2019**

MM / DD / YYYY

**JASON T. MOSS 7240**

Printed name

**MOSS & ASSOCIATES, ATTORNEYS P.A.**

Firm name

**816 ELMWOOD AVENUE  
COLUMBIA, SC 29201**

Number, Street, City, State & ZIP Code

Contact phone **(803)-933-0202**

Email address

**lindsey@mossattorneys.com**

**7240 SC**

Bar number & State

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**Fill in this information to identify your case:**

Debtor 1 **Crystal Sharnell Gibson**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
 (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**FORM 101. VOLUNTARY PETITION**

**Prior Bankruptcy Cases Filed Attachment**

<u>District</u>	<u>Case Number</u>	<u>Date Filed</u>
District of South Carolina	16-06459	12/22/16
District of South Carolina	15-00584	2/03/15
District of South Carolina	12-00811	2/09/13



**Fill in this information to identify your case:**

Debtor 1 **Crystal Sharnell Gibson**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number  
 (if known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
<b>1. Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>0.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>15,225.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>15,225.00</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>17,769.80</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>95,057.72</b>
<b>Your total liabilities</b>		<b>\$ 112,827.52</b>

#### Part 3: Summarize Your Income and Expenses

<b>4. Schedule I: Your Income</b> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>3,466.06</b>
<b>5. Schedule J: Your Expenses</b> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>2,385.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
- 7. What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **3,996.22**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>31,307.47</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>31,307.47</b>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Crystal Sharnell Gibson</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1 Make:	<b>HYUNDAI</b>
Model:	<b>SONATA</b>
Year:	<b>2016</b>
Approximate mileage:	<b>90,000</b>
Other information:	
<b>2016 HYUNDAI SONATA: VIN# ( ), (4) DOOR, (6) CYLINDER, (90,000) MILES, NADA VALUE (\$10,675)</b>	

Who has an interest in the property? Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$10,675.00</b>	<b>\$10,675.00</b>

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$10,675.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS,  
BEDS, DRESSERS, MICROWAVE, DRYER**

**\$1,500.00**

**HOUSEHOLD GOODS: CHEST OF DRAWERS, WASHER**

**\$100.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER**

**\$500.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

**BOOKS**

**\$50.00**

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**CLOTHING**

**\$500.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**JEWELRY**

**\$100.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

**\$2,750.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No

☐ Yes.....

Institution name:

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**401(k)**

**RETIREMENT PROGRAM: ERISA QUALIFIED  
401(K) RETIREMENT PROGRAM, FACE  
VALUE OF PROGRAM (\$300), CASH  
SURRENDER VALUE OF PROGRAM (\$0.00)**

**\$300.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**COLONIAL LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$20,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$300.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☐ No  
☒ Yes. Give specific information.....

**PERSONAL PROPERTY-RIM, TIRES**

**\$500.00**

**PERSONAL PROPERTY: STORAGE BUILDING**

**\$1,000.00**

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$1,500.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$0.00</b>
56. Part 2: Total vehicles, line 5	<b>\$10,675.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$2,750.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$300.00</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>+</b> <b>\$1,500.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$15,225.00</b>	Copy personal property total <b>\$15,225.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$15,225.00</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Crystal Sharnell Gibson</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2016 HYUNDAI SONATA: VIN# (), (4) DOOR, (6) CYLINDER, (90,000) MILES, NADA VALUE (\$10,675) Line from <i>Schedule A/B</i> : 3.1	\$10,675.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, DRYER Line from <i>Schedule A/B</i> : 6.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: CHEST OF DRAWERS, WASHER Line from <i>Schedule A/B</i> : 6.2	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER Line from <i>Schedule A/B</i> : 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from <i>Schedule A/B</i> : 8.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)



Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>CLOTHING</b> Line from Schedule A/B: 11.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
<b>JEWELRY</b> Line from Schedule A/B: 12.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
<b>401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401(K) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$300), CASH SURRENDER VALUE OF PROGRAM (\$0.00)</b> Line from Schedule A/B: 21.1	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)
<b>COLONIAL LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$20,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> Line from Schedule A/B: 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
<b>PERSONAL PROPERTY-RIM, TIRES</b> Line from Schedule A/B: 53.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$500.00 of unused Cash Exemption
<b>PERSONAL PROPERTY: STORAGE BUILDING</b> Line from Schedule A/B: 53.2	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$1,000.00 of unused Cash Exemption

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1	<b>Crystal Sharnell Gibson</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>CAROLINA ACCEPTANCE</b> <small>Creditor's Name</small>  <b>1400 BLUFF ROAD SUITE A COLUMBIA, SC 29201</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$11,000.00</b>  <b>2016 HYUNDAI SONATA: TO BE PAID IN PLAN</b>  <small>Describe the property that secures the claim:</small>  <small>As of the date you file, the claim is: Check all that apply.</small> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Nature of lien. Check all that apply.</small> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	<b>\$10,675.00</b>	<b>\$325.00</b>
<b>Who owes the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<b>Auto Loan</b>		
<b>Date debt was incurred</b> <u>1/18</u>		<b>Last 4 digits of account number</b> <u>1855</u>		

Debtor 1 <b>Crystal Sharnell Gibson</b>		Case number (if known) _____	
First Name	Middle Name	Last Name	

  

<b>2.2 LINDSAY FURNITURE</b> Creditor's Name  <b>1420 COLLEGE STREET</b> <b>Newberry, SC 29108</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <span style="float: right;"><b>\$300.00</b></span> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><b>HOUSEHOLD GOODS-CHEST OF DRAWERS, WASHER: TO BE VALUED IN PLAN</b></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u><b>Purchase Money Security</b></u>	<span style="border-bottom: 1px solid black;"><b>\$100.00</b></span> <span style="border-bottom: 1px solid black;"><b>\$200.00</b></span>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u><b>2012</b></u> Last 4 digits of account number <u><b>6516</b></u>		

  

<b>2.3 RIM TYME</b> Creditor's Name  <b>2341 BROAD RIVER ROAD</b> <b>Columbia, SC 29210</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <span style="float: right;"><b>\$2,000.00</b></span> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><b>PERSONAL PROPERTY-RIM, TIRES: TO BE PAID IN PLAN</b></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u><b>Purchase Money Security</b></u>	<span style="border-bottom: 1px solid black;"><b>\$500.00</b></span> <span style="border-bottom: 1px solid black;"><b>\$1,500.00</b></span>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u><b>6/19</b></u> Last 4 digits of account number <u><b>6516</b></u>		

  

<b>2.4 RTO NATIONAL</b> Creditor's Name  <b>PO BOX 9759</b> <b>Greenville, SC 29604</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <span style="float: right;"><b>\$3,000.00</b></span> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><b>PERSONAL PROPERTY-STORAGE BUILDING: TO BE VALUED IN PLAN</b></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u><b>Purchase Money Security</b></u>	<span style="border-bottom: 1px solid black;"><b>\$1,000.00</b></span> <span style="border-bottom: 1px solid black;"><b>\$2,000.00</b></span>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u><b>1/18</b></u> Last 4 digits of account number <u><b>6516</b></u>		

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

First Name

Middle Name

Last Name

**2.5 SECURITY FINANCE**

Creditor's Name

**PO BOX 1893  
Spartanburg, SC 29304**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**HOUSEHOLD GOODS: 522(F)  
VOIDABLE**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**\$810.80**

**\$1,500.00**

**\$0.00**

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Non-Purchase Money Security**

Date debt was incurred **1/16**

Last 4 digits of account number **6516**

**2.6 SOUTHERN FINANCE**

Creditor's Name

**1400 MAIN STREET  
Newberry, SC 29108**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**HOUSEHOLD GOODS: 522(F)  
VOIDABLE**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**\$659.00**

**\$1,500.00**

**\$0.00**

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Non-Purchase Money Security**

Date debt was incurred **1/12**

Last 4 digits of account number **0801**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$17,769.80**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$17,769.80**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1 **Crystal Sharnell Gibson**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
 (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>ACE CASH EXPRESS</b> Nonpriority Creditor's Name <b>SAINT ANDREWS ROAD #110</b> <b>Columbia, SC 29210</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>817</b> When was the debt incurred? <b>2013</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Cash Advance</b>	<b>\$300.00</b>

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.2

**AMERICASH**

Nonpriority Creditor's Name  
**1318 BUSH RIVER ROAD  
Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6516**

**\$600.00**

When was the debt incurred? **1/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

4.3

**AT&T**

Nonpriority Creditor's Name  
**1 AT&T WAY, ROOM 3A104  
Bedminster, NJ 07921**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6516**

**\$800.00**

When was the debt incurred? **1/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**

4.4

**AUTOMONEY**

Nonpriority Creditor's Name  
**450 MEETING STREET  
Charleston, SC 29403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1928**

**\$1,111.35**

When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Repossession Deficiency**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.5

**CAPITAL ONE**

Nonpriority Creditor's Name

**PO BOX 30285**

**Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6516**

**\$600.00**

When was the debt incurred? **1/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.6

**CAROLINA TITLE LOANS**

Nonpriority Creditor's Name

**1929 BROAD RIVER ROAD**

**Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6516**

**\$600.00**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Deficiency**

4.7

**CBE GROUP**

Nonpriority Creditor's Name

**1309 TECHNOLOGY PARKWAY**

**Cedar Falls, IA 50613**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9233**

**\$500.00**

When was the debt incurred? **2003**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.8

**COMMUNITY BANK**

Nonpriority Creditor's Name

**PO BOX 183003**

**Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6516**

**\$500.00**

When was the debt incurred? **1/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

4.9

**DR. WILLIAM RUSH**

Nonpriority Creditor's Name

**2306 HARRINGTON STREET**

**Newberry, SC 29108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7363**

**\$200.00**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1  
0

**HUGHES NET**

Nonpriority Creditor's Name

**PO BOX 96876**

**Chicago, IL 60693**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6229**

**\$500.00**

When was the debt incurred? **2011**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**



Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.1  
1

**IRS**

Nonpriority Creditor's Name  
**PO BOX 7346**  
**Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6516**

**\$0.00**

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.1  
2

**LEXINGTON MEDICAL CENTER**

Nonpriority Creditor's Name  
**557 COLUMBIA AVENUE**  
**Chapin, SC 29036**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2128**

**\$1,200.00**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1  
3

**LEXINGTON MEDICAL CENTER**

Nonpriority Creditor's Name  
**2720 SUNSET BLVD**  
**West Columbia, SC 29169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6516**

**\$300.00**

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.1  
4

**NELNET**

Nonpriority Creditor's Name

**PO BOX 82561**

**Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4904**

**\$31,307.47**

When was the debt incurred? **1/00**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**Student Loan**

4.1  
5

**NEWBERRY COUNTY TREASURER**

Nonpriority Creditor's Name

**PO BOX 206**

**Newberry, SC 29108**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2953**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.1  
6

**PINNER CLINIC**

Nonpriority Creditor's Name

**PO BOX 99**

**Peak, SC 29122**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6516**

**\$300.00**

When was the debt incurred? **1/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.1  
7

**QUANTUM3 GROUP**

Nonpriority Creditor's Name

**PO BOX 788**

**Kirkland, WA 98083**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6141**

**\$147.86**

When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1  
8

**SC DEPARTMENT OF REVENUE**

Nonpriority Creditor's Name

**PO BOX 12265**

**Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6516**

**\$0.00**

When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.1  
9

**SC DEPT OF HEALTH & ENVIRONMENT**

Nonpriority Creditor's Name

**2600 BULL STREET**

**Columbia, SC 29201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6516**

**\$1,400.00**

When was the debt incurred? **1/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

4.2  
0**SOUTHERN AUTO FINANCE**Last 4 digits of account number **6516****\$9,402.83**

Nonpriority Creditor's Name

**6700 N ANDREWS AVENUE, STE 500**When was the debt incurred? **1/16****Fort Lauderdale, FL 33309**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Repossession Deficiency**4.2  
1**VANDERBILT MORTGAGE & FINANCE**Last 4 digits of account number **7748****\$45,288.21**

Nonpriority Creditor's Name

**PO BOX 9800**When was the debt incurred? **1/07****Maryville, TN 37804**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☒ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Repossession Deficiency****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ATTORNEY GENERAL OF UNITED STATES****950 PENNSYLVANIA AVE, NW  
Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**CRAWFORD & VON KELLER  
PO BOX 4216****Columbia, SC 29240**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NELNET  
121 S 13TH STREET  
Lincoln, NE 68508**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NEWBERRY COUNTY CLERK OF**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**COURT**  
**THE HONORABLE JACKIE S**  
**BOWERS**  
**PO BOX 10**  
**Newberry, SC 29108**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**RILEY, POPE & LANEY, LLC**  
**POST OFFICE BOX 11412**  
**Columbia, SC 29211**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US ATTORNEY'S OFFICE**  
**ATTN DOUG BARNETT**  
**1441 MAIN ST STE 200**  
**Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>0.00</b>
Total claims from Part 2	6f. Student loans	6f.	\$ <b>31,307.47</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>63,750.25</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>95,057.72</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Crystal Sharnell Gibson</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1	Name  Number Street  City State ZIP Code	
2.2	Name  Number Street  City State ZIP Code	
2.3	Name  Number Street  City State ZIP Code	
2.4	Name  Number Street  City State ZIP Code	
2.5	Name  Number Street  City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Crystal Sharnell Gibson</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor  
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

3.1 ULYSSES GIBSON, JR.  
10236 BROAD RIVER ROAD  
Pomaria, SC 29126

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.21  
☐ Schedule G \_\_\_\_\_  
VANDERBILT MORTGAGE & FINANCE

Fill in this information to identify your case:

Debtor 1 Crystal Sharnell Gibson

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed  
☐ Not employed

PHARMACY TECHNICIAN

LEXINGTON MEDICAL CENTER

2720 SUNSET BLVD  
West Columbia, SC 29169

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

How long employed there? 1 YEAR

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,996.22</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>3,996.22</u>	\$ <u>0.00</u>



Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>3,996.22</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>255.24</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>29.55</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>245.37</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify:	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>530.16</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>3,466.06</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,466.06</b> + \$ <b>0.00</b>	= \$ <b>3,466.06</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	<b>3,466.06</b>
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <b>DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.</b>		

Lexington Medical Center  
2720 Sunset Boulevard  
West Columbia, SC 29169-4800

Pay Group: BWH-Biweekly Hourly Pay Group  
Pay Begin Date: 05/19/2019  
Pay End Date: 06/01/2019

Business Unit: STDBU  
Advice #: 000000003361170  
Advice Date: 06/07/2019

Crystal Sharnell Gibson 2583 Sc Hwy 34 Pomaria, SC 29126	Employee ID:		<b>TAX DATA:</b>	<b>Federal</b>	<b>SC State</b>
	Department:	7070-Pharmacy	Marital Status:	Single	Single
	Location:	Lexington Medical Center	Allowances:	9	9
	Job Title:	Pharmacy Technician	Addl. Percent:		
	Pay Rate:	\$15.000000 Hourly	Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Regular Base Pay	15.000000	79.63	1,194.45	896.52	13,447.80	Fed Withholding	0.00	73.06
Overtime	15.388999	5.45	123.69	15.63	354.71	Fed MED/EE	18.27	201.12
Weekend Differential	4.000000	12.39	49.56	102.40	409.60	Fed OASDI/EE	78.12	859.97
PTO - Hourly			0.00	25.75	386.25	SC Withholding	6.03	78.06
PTO Unscheduled - Hourly			0.00	37.19	557.85			

<b>TOTAL:</b>	97.47	1,367.70	1,077.49	15,156.21	<b>TOTAL:</b>	102.42	1,212.21
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BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical Deduction	53.50	638.50	Dependent Life - Spouse	1.65	17.27	Medical Deduction	294.82	3,535.94
Dental Insurance Deduction	48.50	579.50	Dependent Life - Child	0.55	6.05	Group Life Insurance	1.65	18.15
Vision	5.13	61.56	Cafeteria meals	75.31	515.34	Additional Life Insurance Ded*	0.63	6.93
Additional Life Insurance Ded	1.19	13.09	Meals	6.68	23.89	Long Term Disability	5.07	55.77
LMC 401K-Match	25.00	175.00	Scrub Trendz Uniform Purchases	0.00	89.88	LMC 401K-Match	25.00	175.00
			Auxiliary Sale	0.00	58.82			
			Granby Corner Gift Shop 1	0.00	62.20			
<b>TOTAL:</b>	133.32	1,467.65	<b>TOTAL:</b>	84.19	773.45	<b>*TAXABLE</b>		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,367.70	1,235.01	102.42	217.51	1,047.77
YTD	15,156.21	13,695.49	1,212.21	2,241.10	11,702.90

YEAR-TO-DATE	PAID TIME OFF	SICK LEAVE
Start Balance	22.6	0.0
+ Earned	71.5	0.0
+ Bought	0.0	0.0
- Taken	46.7	0.0
- Sold	0.0	0.0
+ Adjustments	0.0	0.0
<b>End Balance</b>	<b>47.5</b>	<b>0.0</b>

NET PAY DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Advice #000000003361170	Checking	1,047.77
<b>TOTAL:</b>		<b>1,047.77</b>

NOTE: Rate \* Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

Lexington Medical Center  
2720 Sunset Boulevard  
West Columbia, SC 29169-4800

Pay Group: BWH-Biweekly Hourly Pay Group  
Pay Begin Date: 06/02/2019  
Pay End Date: 06/15/2019

Business Unit: STDBU  
Advice #: 000000003367418  
Advice Date: 06/21/2019

Crystal Sharnell Gibson 2583 Sc Hwy 34 Pomaria, SC 29126	Employee ID:		TAX DATA:	Federal	SC State
	Department:	7070-Pharmacy	Marital Status:	Single	Single
	Location:	Lexington Medical Center	Allowances:	9	9
	Job Title:	Pharmacy Technician	Addl. Percent:		
	Pay Rate:	\$15.000000 Hourly	Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	YTD Hours	Earnings	Description	Current	YTD
Regular Base Pay	15.000000	76.93	1,153.95	973.45	14,601.75	Fed Withholding	0.00	73.06
Overtime	16.507858	2.63	61.16	18.26	415.87	Fed MED/EE	17.66	218.78
Weekend Differential	4.000000	16.07	64.28	118.47	473.88	Fed OASDI/EE	75.50	935.47
PTO - Hourly	15.000000	3.07	46.05	28.82	432.30	SC Withholding	4.51	82.57
PTO Unscheduled - Hourly			0.00	37.19	557.85			
<b>TOTAL:</b>		<b>98.70</b>	<b>1,325.44</b>	<b>1,176.19</b>	<b>16,481.65</b>	<b>TOTAL:</b>	<b>97.67</b>	<b>1,309.88</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical Deduction	53.50	692.00	Dependent Life - Spouse	1.65	18.92	Medical Deduction	294.82	3,830.76
Dental Insurance Deduction	48.50	628.00	Dependent Life - Child	0.55	6.60	Group Life Insurance	1.65	19.80
Vision	5.13	66.69	Cafeteria meals	94.14	609.48	Additional Life Insurance Ded*	0.63	7.56
Additional Life Insurance Ded	1.19	14.28	Granby Corner Gift Shop 1	24.50	86.70	Long Term Disability	5.07	60.84
LMC 401K-Match	25.00	200.00	Meals	11.38	35.27	LMC 401K-Match	25.00	200.00
			Scrub Trendz Uniform Purchases	0.00	89.88			
			Auxiliary Sale	0.00	58.82			
<b>TOTAL:</b>	<b>133.32</b>	<b>1,600.97</b>	<b>TOTAL:</b>	<b>132.22</b>	<b>905.67</b>	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 1,325.44	1,192.75	97.67	265.54	962.23
YTD 16,481.65	14,888.24	1,309.88	2,506.64	12,665.13

YEAR-TO-DATE	PAID TIME OFF	SICK LEAVE	NET PAY DISTRIBUTION			
Start Balance	22.6	0.0	Advice #000000003367418	Account Type	Account Number	Deposit Amount
+ Earned	78.0	0.0		Checking		962.23
+ Bought	0.0	0.0				
- Taken	49.8	0.0				
- Sold	0.0	0.0				
+ Adjustments	0.0	0.0				
<b>End Balance</b>	<b>50.9</b>	<b>0.0</b>	<b>TOTAL:</b>			<b>962.23</b>

NOTE: Rate \* Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

Lexington Medical Center  
2720 Sunset Boulevard  
West Columbia SC 29169-4800

Pay Group: BWH-15 Weekly Hourly Pay Group  
Pay Begin Date: 06/16/2019  
Pay End Date: 06/29/2019

Business Unit: STDBU  
Check #: 000000000168400  
Check Date: 07/05/2019

Crystal Sharnell Gibson 2583 Sc Hwy 34 Poinaria SC 29126	Employee ID:		<b>TAX DATA:</b>	<b>Federal</b>	<b>SC State</b>
	Department:	7070-Pharmacy	Marital Status:	Single	Single
	Location:	Lexington Medical Center	Allowances:	9	9
	Job Title:	Pharmacy Technician	Addl. Percent:		
	Pay Rate:	\$15.000000 Hourly	Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current	Earnings	YTD		Description	Current	YTD
		Hours		Hours	Earnings			
Regular Base Pay	15.000000	67.77	1,016.55	1,041.22	15,618.30	Fed Withholding	0.00	73.06
PTO - Hourly	15.000000	6.60	99.00	35.42	531.30	Fed MED/EE	16.97	235.75
PTO Unscheduled - Hourly	15.000000	8.07	121.05	45.26	678.90	Fed OASDI/EE	72.58	1,008.05
Weekend Differential	4.000000	10.43	41.72	128.90	515.60	SC Withholding	3.08	85.65
Overtime			0.00	18.26	415.87			
<b>TOTAL:</b>		<b>92.87</b>	<b>1,278.32</b>	<b>1,269.06</b>	<b>17,759.97</b>	<b>TOTAL:</b>	<b>92.63</b>	<b>1,402.51</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical Deduction	53.50	745.50	Dependent Life - Spouse	1.65	20.57	Medical Deduction	294.82	4,125.58
Dental Insurance Deduction	48.50	676.50	Dependent Life - Child	0.55	7.15	Group Life Insurance	1.65	21.45
Vision	5.13	71.82	Cafeteria meals	64.02	673.50	Additional Life Insurance Ded*	0.63	8.19
Additional Life Insurance Ded	1.19	15.47	Granby Corner Gift Shop 1	18.79	105.49	Long Term Disability	5.07	65.91
LMC 401K-Match	25.00	225.00	Scrub Trendz Uniform Purchases	0.00	89.88	LMC 401K-Match	25.00	225.00
			Auxiliary Sale	0.00	58.82			
			Meals	0.00	35.27			
<b>TOTAL:</b>	<b>133.32</b>	<b>1,734.29</b>	<b>TOTAL:</b>	<b>85.01</b>	<b>990.68</b>	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,278.32	92.63	218.33	967.36
YTD	17,759.97	1,402.51	2,724.97	13,632.49

YEAR-TO-DATE	PAID TIME OFF	SICK LEAVE
Start Balance	22.6	0.0
+ Earned	84.6	0.0
+ Bought	0.0	0.0
- Taken	64.5	0.0
- Sold	0.0	0.0
+ Adjustments	0.0	0.0
<b>End Balance</b>	<b>42.7</b>	<b>0.0</b>

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Check #000000000168400	Issue Chk		967.36
<b>TOTAL:</b>			<b>967.36</b>

MESSAGE:

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Lexington Medical Center  
2720 Sunset Boulevard  
West Columbia, SC 29169-4800

Pay Group: BWH-B Weekly Hourly Pay Group  
Pay Begin Date: 06/30/2019  
Pay End Date: 07/13/2019

Business Unit: STDBU  
Advice #: 000000003379862  
Advice Date: 07/19/2019

Crystal Sharnell Gibson 2583 Sc Hwy 34 Pomaria, SC 29126	Employee ID:		<b>TAX DATA:</b>	<b>Federal</b>	<b>SC State</b>
	Department:	7070-Pharmacy	Marital Status:	Single	Single
	Location:	Lexington Medical Center	Allowances:	9	9
	Job Title:	Pharmacy Technician	Addl. Percent:		
	Pay Rate:	\$15.000000 Hourly	Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Earnings	Description	Current	YTD
	Rate	Hours	Hours	Hours				
Regular Base Pay	15.000000	63.35	950.25	1,104.57	16,568.55	Fed Withholding	0.00	73.06
PTO Unscheduled - Hourly	15.000000	5.40	81.00	50.66	759.90	Fed MED/EE	16.31	252.06
Weekend Differential	4.000000	8.13	32.52	137.03	548.12	Fed OASDI/EE	69.74	1,077.79
PTO - Hourly	15.000000	11.25	168.75	46.67	700.05	SC Withholding	2.51	88.16
Overtime			0.00	18.26	415.87			
<b>TOTAL:</b>		<b>88.13</b>	<b>1,232.52</b>	<b>1,357.19</b>	<b>18,992.49</b>	<b>TOTAL:</b>	<b>88.56</b>	<b>1,491.07</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical Deduction	53.50	799.00	Dependent Life - Spouse	1.65	22.22	Medical Deduction	294.82	4,420.40
Dental Insurance Deduction	48.50	725.00	Dependent Life - Child	0.55	7.70	Group Life Insurance	1.65	23.10
Vision	5.13	76.95	Cafeteria meals	68.37	741.87	Additional Life Insurance Ded*	0.63	8.82
Additional Life Insurance Ded	1.19	16.66	Granby Corner Gift Shop 1	52.00	157.49	Long Term Disability	5.07	70.98
LMC 401K-Match	0.00	225.00	Scrub Trendz Uniform Purchases	0.00	89.88	LMC 401K-Match	0.00	225.00
			Auxiliary Sale	0.00	58.82			
			Meals	0.00	35.27			
<b>TOTAL:</b>	<b>108.32</b>	<b>1,842.61</b>	<b>TOTAL:</b>	<b>122.57</b>	<b>1,113.25</b>	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,232.52	1,124.83	88.56	230.89
YTD	18,992.49	17,158.70	1,491.07	2,955.86

YEAR-TO-DATE	PAID TIME OFF	SICK LEAVE
Start Balance	22.6	0.0
+ Earned	91.1	0.0
+ Bought	0.0	0.0
- Taken	81.1	0.0
- Sold	0.0	0.0
+ Adjustments	0.0	0.0
<b>End Balance</b>	<b>32.6</b>	<b>0.0</b>

NET PAY DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Advice #000000003379862	Checking	913.07
<b>TOTAL:</b>		<b>913.07</b>

MESSAGE:

Lexington Medical Center  
2720 Sunset Boulevard  
West Columbia, SC 29169-4800

Pay Group: BWH-Biweekly Hourly Pay Group  
Pay Begin Date: 07/14/2019  
Pay End Date: 07/27/2019

Business Unit: STDBU  
Advice #: 000000003386096  
Advice Date: 08/02/2019

Crystal Sharnell Gibson 2583 Sc Hwy 34 Pomaria, SC 29126	Employee ID:		<b>TAX DATA:</b>	<b>Federal</b>	<b>SC State</b>
	Department:	7070-Pharmacy		Single	Single
	Location:	Lexington Medical Center	Allowances:	2	2
	Job Title:	Pharmacy Technician	Addl. Percent:		
	Pay Rate:	\$15.000000 Hourly	Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Base Pay	15.000000	79.93	1,198.95	1,184.50	17,767.50	Fed Withholding	91.46	164.52
Overtime	15.479140	6.50	147.81	24.76	563.68	Fed MED/EE	18.76	270.82
Weekend Differential	4.000000	13.62	54.48	150.65	602.60	Fed OASDI/EE	80.20	1,157.99
PTO - Hourly			0.00	46.67	700.05	SC Withholding	53.00	141.16
PTO Unscheduled - Hourly			0.00	50.66	759.90			

<b>TOTAL:</b>		100.05	1,401.24	1,457.24	20,393.73	<b>TOTAL:</b>	243.42	1,734.49
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BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical Deduction	53.50	852.50	Dependent Life - Spouse	1.65	23.87	Medical Deduction	294.82	4,715.22
Dental Insurance Deduction	48.50	773.50	Dependent Life - Child	0.55	8.25	Group Life Insurance	1.65	24.75
Vision	5.13	82.08	Cafeteria meals	103.20	845.07	Additional Life Insurance Ded*	0.63	9.45
Additional Life Insurance Ded	1.19	17.85	Scrub Trendz Uniform Purchases	0.00	89.88	Long Term Disability	5.07	76.05
LMC 401K-Match	0.00	225.00	Auxiliary Sale	0.00	58.82	LMC 401K-Match	0.00	225.00
			Meals	0.00	35.27			
			Granby Corner Gift Shop 1	0.00	157.49			
<b>TOTAL:</b>	108.32	1,950.93	<b>TOTAL:</b>	105.40	1,218.65	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 1,401.24	1,293.55	243.42	213.72	944.10
YTD 20,393.73	18,452.25	1,734.49	3,169.58	15,489.66

YEAR-TO-DATE	PAID TIME OFF	SICK LEAVE	NET PAY DISTRIBUTION		
Start Balance	22.6	0.0	Advice #000000003386096	Account Type Checking	Account Number
+ Earned	97.6	0.0			Deposit Amount 944.10
+ Bought	0.0	0.0			
- Taken	81.1	0.0			
- Sold	0.0	0.0			
+ Adjustments	0.0	0.0			
<b>End Balance</b>	<b>39.1</b>	<b>0.0</b>	<b>TOTAL:</b>		<b>944.10</b>

NOTE: Rate \* Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

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Lexington Medical Center  
2720 Sunset Boulevard  
West Columbia, SC 29169-4800

Pay Group: BWH-Biweekly Hourly Pay Group  
Pay Begin Date: 07/28/2019  
Pay End Date: 08/10/2019

Business Unit: STDBU  
Advice #: 000000003392366  
Advice Date: 08/16/2019

Crystal Sharnell Gibson 2583 Sc Hwy 34 Pomaria, SC 29126	Employee ID:		TAX DATA:	Federal	SC State
	Department:	7070-Pharmacy			
	Location:	Lexington Medical Center			
	Job Title:	Pharmacy Technician			
	Pay Rate:	\$15.000000 Hourly			
			Marital Status:	Single	Single
			Allowances:	2	2
			Addl. Percent:		
			Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Base Pay	15.000000	63.55	953.25	1,248.05	18,720.75	Fed Withholding	75.67	240.19
Overtime	15.795031	0.25	5.72	25.01	569.40	Fed MED/EE	16.85	287.67
Weekend Differential	4.000000	16.00	64.00	166.65	666.60	Fed OASDI/EE	72.05	1,230.04
PTO - Hourly	15.000000	16.45	246.75	63.12	946.80	SC Withholding	44.71	185.87
PTO Unscheduled - Hourly			0.00	50.66	759.90			

<b>TOTAL:</b>	96.25	1,269.72	1,553.49	21,663.45	<b>TOTAL:</b>	209.28	1,943.77
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BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical Deduction	53.50	906.00	Dependent Life - Spouse	1.65	25.52	Medical Deduction	294.82	5,010.04
Dental Insurance Deduction	48.50	822.00	Dependent Life - Child	0.55	8.80	Group Life Insurance	1.65	26.40
Vision	5.13	87.21	Cafeteria meals	66.68	911.75	Additional Life Insurance Ded*	0.63	10.08
Additional Life Insurance Ded	1.19	19.04	Scrub Trendz Uniform Purchases	0.00	89.88	Long Term Disability	5.07	81.12
LMC 401K-Match	0.00	225.00	Auxiliary Sale	0.00	58.82	LMC 401K-Match	0.00	225.00
			Meals	0.00	35.27			
			Granby Corner Gift Shop I	0.00	157.49			
<b>TOTAL:</b>	108.32	2,059.25	<b>TOTAL:</b>	68.88	1,287.53	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 1,269.72	1,162.03	209.28	177.20	883.24
YTD 21,663.45	19,614.28	1,943.77	3,346.78	16,372.90

YEAR-TO-DATE	PAID TIME OFF	SICK LEAVE	NET PAY DISTRIBUTION		
Start Balance	22.6	0.0	Advice #000000003392366	Account Type	Account Number
+ Earned	104.1	0.0	Checking		883.24
+ Bought	0.0	0.0			
- Taken	97.6	0.0			
- Sold	0.0	0.0			
+ Adjustments	0.0	0.0			
<b>End Balance</b>	<b>29.1</b>	<b>0.0</b>	<b>TOTAL:</b>		<b>883.24</b>

NOTE: Rate \* Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation.

MESSAGE:

33  
/52

Fill in this information to identify your case:

Debtor 1 Crystal Sharnell Gibson

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

4

☐ No

☒ Yes

Son

14

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 400.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00



Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

6. <b>Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>200.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>0.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>60.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
7. <b>Food and housekeeping supplies</b>	7. \$	<b>775.00</b>						
8. <b>Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	<b>150.00</b>						
10. <b>Personal care products and services</b>	10. \$	<b>100.00</b>						
11. <b>Medical and dental expenses</b>	11. \$	<b>100.00</b>						
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>250.00</b>						
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>100.00</b>						
14. <b>Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>0.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>175.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>AUTO PROPERTY TAXES</b>								
	16. \$	<b>25.00</b>						
17. <b>Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>								
	18. \$	<b>0.00</b>						
19. <b>Other payments you make to support others who do not live with you.</b>								
	\$	<b>0.00</b>						
Specify: _____								
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
21. <b>Other:</b> Specify: _____								
	21. +\$	<b>0.00</b>						
22. <b>Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<table border="1"> <tr> <td>\$</td> <td><b>2,385.00</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>2,385.00</b></td> </tr> </table>		\$	<b>2,385.00</b>	\$		\$	<b>2,385.00</b>
\$			<b>2,385.00</b>					
\$								
\$	<b>2,385.00</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. <b>Calculate your monthly net income.</b>								
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>3,466.06</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>2,385.00</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	<b>1,081.06</b>						

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **DEBTOR LIVES WITH FAMILY AND HELPS WITH HOUSEHOLD EXPENSES. DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.**

**Fill in this information to identify your case:**

Debtor 1 Crystal Sharnell Gibson  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Crystal Sharnell Gibson

**Crystal Sharnell Gibson**

Signature of Debtor 1

Date September 4, 2019

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Crystal Sharnell Gibson**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

**2583 SC HWY 34  
Pomaria, SC 29126**

**Dates Debtor 1  
lived there**

From-To:  
**FEBRUARY 2007  
TO JULY 2018**

**Debtor 2 Prior Address:**

☐ Same as Debtor 1

**Dates Debtor 2  
lived there**

☐ Same as Debtor 1  
From-To:

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

**\$21,663.45**

- ☒ Wages, commissions, bonuses, tips  
☐ Operating a business

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips  
☐ Operating a business

**From January 1 of current year until the date you filed for bankruptcy:**

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$26,713.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$24,291.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
CAROLINA ACCEPTANCE 1400 BLUFF ROAD SUITE A COLUMBIA, SC 29201	AUGUST 2019	\$250.00	\$11,000.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>CAROLINA ACCEPTANCE 1400 BLUFF ROAD SUITE A COLUMBIA, SC 29201</b>	<b>JULY 2019</b>	<b>\$420.00</b>	<b>\$11,000.00</b>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>VANDERBILT MORTGAGE V CRYSTAL GIBSON 2016CP3600528</b>	<b>FORECLOSURE</b>	<b>NEWBERRY COUNTY CLERK OF COURT THE HONORABLE JACKIE S BOWERS PO BOX 10 Newberry, SC 29108</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

Creditor Name and Address	Describe the Property	Date	Value of the property
<b>VANDERBILT MORTGAGE &amp; FINANCE</b> PO BOX 9800 Maryville, TN 37804	<b>Explain what happened</b> <b>2583 SC HIGHWAY 34 POMARIA, SC</b> <b>29126, MOBILE HOME AND LAND</b>  <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>SEPTEMBER 2018</b>	<b>Unknown</b>
<b>AUTOMONEY</b> <b>450 MEETING STREET</b> <b>Charleston, SC 29403</b>	<b>1999 CHEVROLET MONTE CARLO</b>  <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>2016</b>	<b>Unknown</b>

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
<b>Charity's Name</b> <b>Address (Number, Street, City, State and ZIP Code)</b>			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$489.00 FILING FEE: \$310.00	AUGUST 2019	\$799.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	SEPTEMBER 2019	\$9.76
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201 JASON@MOSSATTORNEYS.COM	ATTORNEYS FEES: \$390.00 FILING FEE: \$310.00	DECEMBER 2016	\$700.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	SEPTEMBER 2016	\$9.76

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	---	--	------------------------

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.



Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 Crystal Sharnell Gibson

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Crystal Sharnell Gibson

Crystal Sharnell Gibson  
Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Date September 4, 2019

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Crystal Sharnell Gibson

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number \_\_\_\_\_  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☒ Not married. Fill out Column A, lines 2-11.

☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 3,996.22	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
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7. **Interest, dividends, and royalties**

\$ 0.00	\$
---------	----

8. **Unemployment compensation**

\$ 0.00	\$
---------	----

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00

For your spouse \$

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00	\$
---------	----

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00	\$
---------	----

\$ 0.00	\$
---------	----

Total amounts from separate pages, if any.

+ \$ 0.00	\$
-----------	----

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3,996.22	+	\$	=	\$ 3,996.22
Total average monthly income				

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.**

\$ 3,996.22

13. **Calculate the marital adjustment.** Check one:

- ☒ You are not married. Fill in 0 below.  
☐ You are married and your spouse is filing with you. Fill in 0 below.  
☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$
\$
+\$

Total \$ 0.00 Copy here=> - 0.00

14. **Your current monthly income.** Subtract line 13 from line 12.

\$ 3,996.22

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=>

\$ 3,996.22

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 47,954.64

Debtor 1 **Crystal Sharnell Gibson**

Case number (if known)

**16. Calculate the median family income that applies to you.** Follow these steps:

- 16a. Fill in the state in which you live. SC
- 16b. Fill in the number of people in your household. 3
- 16c. Fill in the median family income for your state and size of household. \$ 64,106.00  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 3,996.22

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00

19b. Subtract line 19a from line 18.

\$ 3,996.22

**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b. \$ 3,996.22

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 47,954.64

20c. Copy the median family income for your state and size of household from line 16c. \$ 64,106.00

**21. How do the lines compare?**

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Crystal Sharnell Gibson**

**Crystal Sharnell Gibson**

Signature of Debtor 1

Date **September 4, 2019**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.



### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of South Carolina**

In re **Crystal Sharnell Gibson**

Debtor(s)

Case No.

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>3,700.00</b>
Prior to the filing of this statement I have received .....	\$	<b>489.00</b>
Balance Due .....	\$	<b>3,211.00</b>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, motions to incur debt, motions to sell property, moratoriums, motions to reconsider, plan modifications after confirmation, motions to reopen, motions to redeem, or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**September 4, 2019**

*Date*

**/s/ JASON T. MOSS**

**JASON T. MOSS 7240**

*Signature of Attorney*

**MOSS & ASSOCIATES, ATTORNEYS P.A.**

**816 ELMWOOD AVENUE**

**COLUMBIA, SC 29201**

**(803)-933-0202 Fax: (803)-933-9941**

**[lindsey@mossattorneys.com](mailto:lindsey@mossattorneys.com)**

*Name of law firm*

**DISCLOSURE OF ADDITIONAL ATTORNEY'S FEES**

TYPE: Chapter 13 Bankruptcy for the United States Bankruptcy Court, the District of South Carolina.

**Priority Claims for Supplemental Attorney's Fees**

TYPE 1:	Defending §362 Motion by creditor	Amount: \$885
TYPE 2:	Defending Motion to Dismiss by creditor after confirmation	Amount: \$600
TYPE 3:	Resolve Petition to Dismiss by Trustee	Amount: \$185
TYPE 4:	Combined §362 Motion by creditor and attending court	Amount: \$900
TYPE 5:	Motion to reinstate Automatic Stay or resumption of payment	Amount: \$900
TYPE 6:	Motion to modify post-confirmation plan	Amount: \$885
TYPE 7:	Motion for Substitution of Collateral	Amount: \$1285
TYPE 8:	Motion to modify post-confirmation plan due to change in circumstances requiring new Schedule I and Schedule J	Amount: \$985
TYPE 9:	Motion to incur debt	Amount: \$785
TYPE 10:	Motion to sell property	Amount: \$1,200
TYPE 11:	<b>Prevention</b> of §362 Motion for failing to maintain auto/home insurance and/or (out of court work-out) of payment	Amount: \$185
TYPE 12:	Defending §362 Motion by creditor after a previous claim for prevention has been filed	Amount: \$885
TYPE 13:	Motion Establishing Priority of Tax Claim requiring a post-confirmation plan modification	Amount: \$785
TYPE 14:	Objection to Creditor's Proof of Claim requiring a post-confirmation plan modification	Amount: \$785
TYPE 15:	Motion for Moratorium requiring a hearing	Amount: \$685
TYPE 16:	Motion to Substitute Attorney	Amount: \$700
TYPE 17:	Taking over case	Amount: \$785
TYPE 18:	Address change in estate	Amount: \$185
TYPE 19:	Post-Petition consultation relating to Tax Return	Amount: \$285
TYPE 20:	Attorney Review/Release of Mortgage communication waiver	Amount: \$285
TYPE 21:	Application to Employ	Amount: \$785
TYPE 22:	Application for Settlement	Amount: \$1250
TYPE 23:	Creditor Violation Letter	Amount: \$285
TYPE 24:	Consent Order Approving Loan Modification	Amount: \$885

TYPE 25:	Consent Order Lifting the Stay (to proceed in family court)	Amount: \$885
TYPE 26:	Negotiation with Mortgage Creditor for Loan Modification <i>Payable in (3) monthly installments beginning 30 days after Case filing (Portal and Non-Portal)</i>	Amount: \$1,700
TYPE 27:	Motion to Approve Final Loan Modification Agreement	Amount: \$1,500
TYPE 28:	Motion to Incur in efforts to Modify Mortgage Loan	Amount: \$500
TYPE 29:	Mortgage Loan Modification Report	Amount: \$800
TYPE 30:	Post Modification Forbearance Agreement/Workout	Amount: \$1085
TYPE 31:	Appeal Denial of Loan Modification	Amount: \$285
TYPE 32:	Motion to Reinstate after Dismissal	Amount: \$1,285
TYPE 33:	Application for settlement to use insurance proceeds	Amount: \$885
TYPE 34:	Defense of Modification, Adequate Protection Request	Amount: \$800
TYPE 35:	Motion to Use Cash Collateral	Amount: \$885
TYPE 36:	Post Modification Forbearance Agreement/Workout	Amount: \$1085
TYPE 37:	File Secured Creditor Claim	Amount: \$350
TYPE 38:	Direction of Pay/ Total Loss:	Amount: \$350
TYPE 39:	Consent Order to Distribute Insurance Proceeds	Amount: \$500

These fees are in addition to expedited attorney fees as referenced in the signed attorney client agreement. The fees referenced herein may increase and/or decrease at the discretion of the attorney. The fees will be paid through the Chapter 13 Plan at zero (0%) percent interest. If you have an issue that requires legal work greater than the above-referenced amounts, a request for approval of additional fees will be submitted to the Bankruptcy Trustee and Bankruptcy Court. If any additional work is needed, the Attorney rate is \$325/ per hour. Any service for a creditor is an additional \$1.00 or more per creditor.

  
\_\_\_\_\_  
Client

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Date

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court  
District of South Carolina

In re Crystal Sharnell Gibson

Debtor(s)

Case No.

Chapter

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CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) \_\_\_\_\_ computer diskette
- (b) \_\_\_\_\_ scannable hard copy  
(number of sheets submitted \_\_\_\_\_)
- (c)  X  electronic version filed via CM/ECF

Date: September 4, 2019

/s/ Crystal Sharnell Gibson

**Crystal Sharnell Gibson**

Signature of Debtor

Date: September 4, 2019

/s/ JASON T. MOSS

Signature of Attorney

**JASON T. MOSS 7240**

**MOSS & ASSOCIATES, ATTORNEYS P.A.**

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**COLUMBIA, SC 29201**

**(803)-933-0202 Fax: (803)-933-9941**

Typed/Printed Name/Address/Telephone

**7240 SC**

District Court I.D. Number

ACE CASH EXPRESS  
SAINT ANDREWS ROAD #110  
COLUMBIA SC 29210

AMERICASH  
1318 BUSH RIVER ROAD  
COLUMBIA SC 29210

AT&T  
1 AT&T WAY, ROOM 3A104  
BEDMINSTER NJ 07921

ATTORNEY GENERAL OF UNITED STATES  
950 PENNSYLVANIA AVE, NW  
WASHINGTON DC 20530-0001

AUTOMONEY  
450 MEETING STREET  
CHARLESTON SC 29403

CAPITAL ONE  
PO BOX 30285  
SALT LAKE CITY UT 84130

CAROLINA ACCEPTANCE  
1400 BLUFF ROAD SUITE A  
COLUMBIA SC 29201

CAROLINA TITLE LOANS  
1929 BROAD RIVER ROAD  
COLUMBIA SC 29210

CBE GROUP  
1309 TECHNOLOGY PARKWAY  
CEDAR FALLS IA 50613

COMMUNITY BANK  
PO BOX 183003  
COLUMBUS OH 43218

CRAWFORD & VON KELLER  
PO BOX 4216  
COLUMBIA SC 29240

DR. WILLIAM RUSH  
2306 HARRINGTON STREET  
NEWBERRY SC 29108

HUGHES NET  
PO BOX 96876  
CHICAGO IL 60693

IRS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

LEXINGTON MEDICAL CENTER  
557 COLUMBIA AVENUE  
CHAPIN SC 29036

LEXINGTON MEDICAL CENTER  
2720 SUNSET BLVD  
WEST COLUMBIA SC 29169

LINDSAY FURNITURE  
1420 COLLEGE STREET  
NEWBERRY SC 29108

NELNET  
PO BOX 82561  
LINCOLN NE 68501

NELNET  
121 S 13TH STREET  
LINCOLN NE 68508

NEWBERRY COUNTY CLERK OF COURT  
THE HONORABLE JACKIE S BOWERS  
PO BOX 10  
NEWBERRY SC 29108

NEWBERRY COUNTY TREASURER  
PO BOX 206  
NEWBERRY SC 29108

PINNER CLINIC  
PO BOX 99  
PEAK SC 29122

QUANTUM3 GROUP  
PO BOX 788  
KIRKLAND WA 98083

RILEY, POPE & LANEY, LLC  
POST OFFICE BOX 11412  
COLUMBIA SC 29211

RIM TYME  
2341 BROAD RIVER ROAD  
COLUMBIA SC 29210

RTO NATIONAL  
PO BOX 9759  
GREENVILLE SC 29604

SC DEPARTMENT OF REVENUE  
PO BOX 12265  
COLUMBIA SC 29211

SC DEPT OF HEALTH & ENVIRONMENT  
2600 BULL STREET  
COLUMBIA SC 29201

SECURITY FINANCE  
PO BOX 1893  
SPARTANBURG SC 29304

SOUTHERN AUTO FINANCE  
6700 N ANDREWS AVENUE, STE 500  
FORT LAUDERDALE FL 33309

SOUTHERN FINANCE  
1400 MAIN STREET  
NEWBERRY SC 29108

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